CI	TY O)F TTTI	ISVILLE		No	of R	isk F	actor/I	ntervention	s Violations		Date	8/15	110	7
CITY OF TITUSVILLE DEPARTMENT OF HEALTH Establishment Location					No. of Repeat Risk Factor/Intervention/Violations					i	Current Expiration	7/26/20)19		
					on						Phone				_
Sia		agle #		110	S. I	Mar	tin	St.							_
cens ermit			Permit Holder	F	urpo	se of	Inspe	ection	Est Type			ategory			
		TERRIT	YNN POLLINO					w-up	(FS)R				lium Lo	W	_
			FOODBORNE ILLNESS						IC HEALTH						
·IN	Circ I = in co	cle designa ompliance	ted compliance status (IN, OUT, N/O, N OUT = not in compliance N/O = no	V/A) for ea ot observed	ch nu I N /.	mbere A = n	d iten	n dicable	COS = c	Mark "X" in corrected on-si		iate box for C			ı
			Compliance Status		cos	R	,			Compliance			- <u>1-6-5</u>	cos	
Demonstration of Knowledge						Potentially Hazardous Foo						d Time/Temperature			
1	IN O	UT.	Certification by accredited program,				16	IN O	JT N/A N/O	Proper cod	king time	e & temperat	ures		
	IN O	Ų I	compliance with Code, or correct resp	onses			17	_	JT N/A N/O			oc for hot ho			
2	IN O	1.37	Employee Health				18	-	JT N/A N/O			& temperati		4	F
3 .	IN O		Management awareness; policy prese Proper use of reporting, restriction &				19 20		JT N/A N/O JT N/A	-		temperatures temperature		+	H
			Good Hygienic Practices			<u> </u>	21		JT N/A N/O			g & disposition			
4	IN OU	JT N/O	Proper eating, tasting, drinking, or tobac	cco use			22		JT N/A N/O			th control; p			ĺ
5	IN OL	JT N/O	No discharge from eyes, nose, and me	outh											_
		Pre	eventing Contamination by Hands		Į					Consun		-			
6	IN Or	JT N/O	Hands clean & properly washed			,	23	IN OU	T N/A	undercook		provided for	raw or		
7	IN OU	T N/A N/O	No bare hand contact with RTE foods						Hi	ighly Susce	otible P	opulation	s		
8	IN OL	ıτ	approved alternate method properly for Adequate handwashing facilities supplied	-			24	IN OU		Pasteurize	d foods u	sed; prohibit			
	III OC		accessible Approved Sources					IN OU	1 1977	not offered				i	
9	IN OL	ĴΤ	Food obtained from approved source				25	IN OU	T N/A		emical	oved & proper	lv used		
10		T N/A N/O	Food received at proper temperature				26	IN OU		Toxic subst		perly identifie	·		-
11	IN OL		Food in good condition, safe & unadul	Itoratod			20	114 00		used mance with	Annro	und Proce	duras		
12	<u> </u>		Required records available: shelf stock				27	IN OU				riance, specia			
LZ	IN OO	T N/A N/O	parasite destruction	· ·			27	IN OU	I N/A	process, &					_
13	TN OI	JT N/A	Protection from contamination Food separated & protected				Dic	k facto	en ara improp	an practices of	- procedu	roc identified	ac the most	- provisi	ı
L4		JT N/A	Food-contact surfaces: cleaned & sani	itized				sk factors are improper practices or procedures identified as the most portional factors of foodborne illness or injury. Public Health Intervent							
15	Proper disposition of returned, previously served, reconditioned & unsafe food						-	control me	asures to prev	ent foodb	orne illness o	or injury.			
ark '	'X" in b	Go oox if numb	od Retail Practices are preventative medered item is not in compliance Mar l	asures to c	ontro	I the a	dditio	ACTIC n of pat COS ar	hogens, chen	micals and phys S =corrected or	sical obje n-site dur	cts into foods ing inspectio	s. n R =repea	at violai	ti
			Safe Food and Water							Proper U	se of U	tensils			J
28			ized eggs used where required				41			sils: properly st	ored				
<u>29</u> 30			k ice from approved source e obtained for specialized processing m	ethodo			42 43			uip & linens: pr single-service	<u> </u>			$\vdash \vdash$	_
	L	Valiatio	Food Temperature Control	icu ious			44		Gloves used		ar ucies:	oroperty Store	su ex USECI	 	-
31			cooling methods used; adequate equipr	ment for						tensils, Equip	ment a	nd Vending			I
32		1	Plant food properly cooed for hot holding				45			food contact s		leanable, pro	perly .		
33			Approved thawing methods used				46	Warewashing facilities: installed			led, maint	ained, used: t	test strips		_
34		Thermo	Thermometers provided & accurate Food Identification				47	Non-food contact surfaces clean Physical Facilities							
15		Food pr	operly labeled; original container				48		Hot & cold v	vater available;					
			Prevention of Food Contamination				49		Plumbing ins	stalled; proper	backflow	devices			_
	_		Insects, rodents & animals not present; no unauthorized persons				50		Sewage & w	aste water pro	perly disp	oosed			
6	X	Contami	Contamination prevented during prep, storage & display				51		Toilet facilitie	es: properly co	nstructed	l, supplied &	cleaned		_
37		Persona	I cleanliness cloths: properly used & stored				52	-		efuse properly		•	intained		
37 38		Mining	CHANGE DEFINED A RESERVE STULEN				53			lities installed,				ı 1	_
36 37 38 39 40	_		g fruits & vegetables				54		Adequate ve	entilator & light	ing: desig	nated areas	used		

Establishment Giant Eagle #88	Address/City/State/Zip C 110 S. Martin St. TEMPERATURE Item/Location			Phone			
The Marking Town		ORSERVATIONS		Phone 412-967-4662			
Thomas (I continue	Item/Location	000011111111111111111111111111111111111					
Item/Location Temp		Temp	Item/Loc	cation	Temp		
RTE Foods 370	Salad Care	350					
Bthin 1230	Produce Code	330					
Socen 1380	Char Cre	330					
Papa 37°	Methale	360					
Msc: Chesc 155	Walk-mFzy	-70					
Walk-no Fry -50	7						
,							
FEC YUS (7073)						
	OBSERVATIONS AND	CORRECTIVE ACTION	vs				
Item				0.405.44			
Number Violations cited in this report mi							
37 Though being so	rendet on	worth &	KKy Jhe	\$1, tor	thurshow w		
	<u> </u>		1 0		<u>, , </u>		
15 dripping al A	ot Klimens.	m Overhis	7 L. L. LIGE	Esten r	ct 10		
1/			<u>.</u>				
Boly wolk-in-	Herry.	,					
<u> </u>							
	·	-	·				

					:		
i							
			· .				
	· · · · · · · · · · · · · · · · · · ·	·					
	<u> </u>	·					
		•					
	- -						
			· .	•			
				·			
·					<u>.</u>		
۸۲.							
Person in Charge (Signature)	15e			Date: S	-15-19		
Inspector (Signature)	D			Date: වු	12/13		

FOOD ESTABLISHMENT INSPECTION REPORT